

CLAIMS ONLY							Applicant Number 10/705503		Filing Date
Applicant(s)									
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1					/	/			
2						/			
3						/			
4						/			
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48									
49									
50									
Total Indep					1				
Total Depend					12				
Total Claims					13				